



600 South 2nd Street
Suite 308
Bismarck, ND 58504

701 222-0797 Tel
701 223-5775 Fax
mentorsquad@dacotahfoundation.org

Volunteer Job Description

Title: Mentor Squad

Purpose: Offer one-to-one friendship to a child

Responsibilities:

- Have dependable and consistent contact with the child.
- Contact our office monthly to report match progress.
- Act as a positive role model for the child.
- Maintain confidentiality with regard to the child's family situation.
- Assure the child's safety when you are together.

Characteristics:

- Commitment to developing a healthy relationship with the child.
- Ability to follow through on commitments made.

Benefits:

- You will enrich a life of a child.
- We will provide social worker support to assist you in any areas you need assistance.
- We have occasional group activities, access to some local events at no cost to the volunteer and a discount booklet to be used at some of the local businesses.
- We are a 501(c) 3 charitable organization.
- You may get back as much as you give in knowing that you are making a big difference in the life of a child.

Volunteer Application



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 Phone: 701-222-0797
 Fax: 701-223-5775

Email: mentorsquad@dacotahfoundation.org

General Information *Please print (in ink) or type. All information is confidential.* Today's Date: _____

Name: _____ Birth Date: _____ Gender: _____ Male _____ Female

Social Security #: _____ Driver's License#: _____

Home Phone: _____ Work Phone: _____ E-mail: _____

Home Information

Home Address: _____
Street City State Zip County

Mail Address: (if different than above) _____
Street City State Zip

References

Please list at least four persons who can vouch for your reputation, character and morals. Please do not use relatives, spouse or significant others.

- They MUST have known you for at least one year*
 - One reference MUST be a work or school reference*
 - One reference should be familiar with your home environment*
- All information will be treated confidentially and will not be shared.*

Name	Street, City, State, Zip	Phone (include area code)	E-mail

Legal Record *Please list any arrests, convictions, and recent traffic violations.*

Arrest/Violation Date	Charge	Disposition/Result

Statement of Understanding

If I am accepted as a mentor, I understand my obligation to meet with my match regularly and to inform Mentor Squad staff as to the status of my match relationship every month. I further agree to accept the supervision of the Mentor Squad staff and discontinue my service if I am requested to do so by the agency.

Signature of Applicant: _____

Date: _____



AUTHORIZATION FOR RELEASE OF CONFIDENTIAL INFORMATION

I understand it will be necessary for Bismarck-Mandan Mentor Squad to investigate my background and check my character references. I hereby give my consent for this information exchange. I authorize such agencies and individuals, in addition to the references I have listed, who have relevant information about my ability to develop and sustain a healthy relationship with a child, to release any information requested by Bismarck-Mandan Mentor Squad. I release all persons and agencies contacted from any liability due to providing the requested information.

I understand the following types of information may be requested and others deemed necessary:
Criminal history; driving record; child abuse/neglect history; employer/work reference.

I understand any pertinent information obtained from my application and interview may be shared with the prospective match parties. I also give permission for my name and any still or motion picture of me, in relation to my involvement in Bismarck-Mandan Mentor Squad to be used for the purpose of public relations, newsletters, or news releases by the agency.

Please Print Name: _____
 First Middle Last

Also known as: _____
 First Middle Last

DATE: _____ **SIGNATURE:** _____

SOCIAL SECURITY # _____ **DATE OF BIRTH** _____

Please list all your addresses for the preceding five years.

<u>Address</u>	<u>State</u>	<u>From /To</u> <u>Month/Year</u>
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____

This authorization is voluntary and remains in effect unless specifically revoked by written notice to the agency or person.





Bis-Man Mentor Squad Confidentiality Policy Statement

ACCESS TO CONFIDENTIAL RECORDS

In order for Bismarck-Mandan Mentor Squad to provide responsible and professional service to clients it is necessary for volunteers, clients, and parents or guardians of clients to be asked to divulge extensive personal information about themselves and their families. The agency respects the confidentiality of client and volunteer records and, with the exception of situations listed below, shares information about clients and volunteers only among the agency professional staff and board of directors, as needed. The right to confidentiality applies not only to written records, but also to video, film, pictures or use of client or volunteer's name in agency publications.

All records are considered the property of the agency and not the agency worker or clients or volunteers themselves. In order to provide a service, which is in the best interest of the children served by the program, information from outside sources, including confidential references must be assessed along with information gained from the volunteers or clients themselves. Records are not available for review by the clients or volunteers. Clients and Volunteers shall sign a statement that she or he has read and understands the agency policy on confidentiality and agrees to program participation under the guidelines it sets forth.

LIMITS OF CONFIDENTIALITY

1. Information will be released to other individuals or organizations only upon presentation of an authorized "consent to release information" form appropriately signed by the client or volunteer.
2. Identifying information regarding clients and volunteers may be used in agency publications or promotional materials, if the client or volunteer has given written permission.
3. For purpose of program evaluation, audit, or accreditation, certain outside bodies such as Dacotah Foundation may have access to client and volunteer records. These outside organizations shall be required to respect the agency policy on confidentiality. Known violations of agency confidentiality policy will be reported to the supervisor of the individual involved and appropriate disciplinary action shall be requested.
4. Information shall only be provided to law enforcement officials or the courts pursuant to a valid and enforceable subpoena.

5. Information shall be provided to an agency's legal counsel in the event of litigation or potential litigation involving the agency. Such information is considered privileged information, and its confidentiality is protected by law.
6. North Dakota state law mandates that suspected child abuse or neglect be reported to the appropriate county social services. All workers are responsible for staying abreast of such reporting requirements of their respective jurisdiction and shall always comply with mandated procedures.
7. If an agency worker receives information indicating that a client or volunteer may be dangerous to himself or herself or to others, necessary steps may be taken to protect the appropriate party. This may include a medical referral or report to the local law enforcement authorities.

I have read and understand the above document which states the agency policy with respect to confidentiality of client and volunteer records. I agree to program participation under the conditions it sets forth.

I will respect the privacy of clients/client families and volunteers of Bismarck-Mandan Mentor Squad. Unless I have the appropriate signed release I will not discuss or disclose, directly or indirectly, with any person (except those individuals employed, acting in the capacity of Dacotah Foundation board member or contracted by Bismarck-Mandan Mentor Squad), background and family history, or any other information of confidential nature, of which I become aware through my involvement with the program.

(For volunteers only: I understand I am to use only the first name of the client and the client family members in introductions, etc. and am not to share with others the last name of the client/client family.)

Signature

Date



CHILD ABUSE AND NEGLECT BACKGROUND INQUIRY
 NORTH DAKOTA DEPARTMENT OF HUMAN SERVICES
 CHILD ABUSE AND NEGLECT PROGRAM
 SFN 433 (1-2021)

Part I: Agency/Organization Information

Agency/Organization Bis-Man Mentor Squad	Contact Person Tami Lehr	Telephone Number (701) 222-0797	
Address 600 S. 2nd St., Suite 308	City Bismarck	State ND	ZIP Code 58504
Email Address and/or Fax Number			

Part II: Authorization for Release of Information (to be completed by the person giving consent/authorization)

- _____ (Initials) I give North Dakota Department of Human Services (NDDHS) and its' authorized agents (Human Service Zone agencies) permission to check the Child Abuse/Neglect Information Index for my name.
- _____ (Initials) I further give permission to NDDHS and its' authorized agents to release child abuse and neglect records pertaining ONLY to the services required decisions indicated below to the above-named agency/organization. **(NOTE: If this statement is not checked and initialed, and if child abuse and neglect records contain any medical, drug, alcohol, or mental health treatment information, an Authorization to Disclose Information Form (SFN 1059) will be required.)**

This information is being requested for: (Check Only One)				
<input type="checkbox"/> Employment with NDDHS	<input type="checkbox"/> Employment in a NDDHS Licensed or Contracted Agency	<input type="checkbox"/> Childcare/In-home Provider		
<input type="checkbox"/> Adoption Study	<input type="checkbox"/> Private Agency Employment/Volunteer	<input type="checkbox"/> Foster Parent Licensing		
<input type="checkbox"/> Other (List): _____				
LAST Name	FIRST Name	FULL MIDDLE Name <input type="checkbox"/> None <input type="checkbox"/> Initial Only	Social Security Number*	Date of Birth
Birth Name, Alias, or Other Married Names You Have Gone by in the Last Ten Years			OR <input type="checkbox"/> Check this box if you have no additional names	
Current Physical Address		City	State	ZIP Code
Last North Dakota Address		City	State	ZIP Code
Signature			Date	

* The Privacy Act of 1974 (P.L. 93-579, Section 7) requires the following information be provided when individuals are requested to disclose their social security number. Disclosure of the social security number is voluntary and is requested for identification purposes. Failure to disclose this information may result in a delay in reporting results.

This authorization remains in effect for 60-days from the date of signature unless specifically revoked by written notice to the agency/organization contact person. Any disclosure prior to a written revocation of this authorization shall not be a breach of confidentiality. A photocopy of this authorization is as effective as the original.

Part III: Do Not Write Below - State Office Use Only

(NOTE: Results only include a search of the ND Child Abuse/Neglect Information Index. No tribal agency registry information is available through the state Index.)

- The above-named individual is not listed on the ND Child Abuse/Neglect Information Index.
- An assessment decision of Services Required was found on the ND Child Abuse/Neglect Information Index.
- For further details, please contact the Human Service Zone listed below.

Human Service Zone	Telephone Number	Email Address	Decision Date
Signature of Person Completing CA/N Information Index Inquiry		Submit the completed form to: Children and Family Services 600 East Boulevard Avenue, Dept. 325 Bismarck, ND 58505 (701) 328-2316 E-mail: dhscfs_cani@nd.gov Fax: (701) 328-3538	
Date Completed			



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Volunteer Personal Auto Verification

All volunteers must carry auto insurance for the minimum required by the State of North Dakota which enables the Bismarck-Mandan Mentor Squad policy to provide excess auto liability protection as needed while in the course of BMMS agency work.

Name of Volunteer: _____

Insurance Agency: _____

Policy# _____

Insurance Company _____

Limits: Bodily Injury _____ Property Damage _____

Or

Combined Limit _____

A photocopy of your driver's license and current insurance card is required.

****Reminder****

Seatbelts must be worn by both the volunteer and the child at all times while driving.

Only the volunteer has clearance to provide transportation for the child during their time together. The volunteer does not have to drive but should always be within the vehicle. Responsibility **cannot** be given to anyone else - friend, spouse, etc. Only the parent/guardian of the child may arrange alternate transportation.

By signing below, I agree to notify Bismarck-Mandan Mentor Squad of any changes in my auto insurance coverage.

Signature _____ Date _____